

THIRD PARTY LIABILITY HEALTH INSURANCE INFORMATION

Michigan Department of Community Health

FIA Case Name				Date	
FIA Case Number	Co	Dist	Sec	Unit	Wkr
AP Worker Name		Worker Phone No. ()			

INSTRUCTIONS:

- Please PRINT or TYPE
- Retain COPY in FIA Case File

- Mail ORIGINAL to:
**MEDICAL SERVICES ADMINISTRATION
THIRD PARTY LIABILITY DIVISION
PO BOX 30479
LANSING MI 48909-7979**

SECTION 1 - Policyholder #1

Policyholder #1 Information:

Policyholder Name (Last, First, Middle)	Employer Name				
Social Security Number	Employer City and State				
Insurance Company Name	Group / Policy Number		Certificate / Contract Number		
Service / Coverage Code (BC/BS)	Carrier ID Number			Coverage Type	

Recipient Information:

 Include the policyholder (if applicable) and any other adults and all children covered under **Policyholder #1**.

Recipient Name (Last, First, Middle)	Recipient ID No.	Recipient Name (Last, First, Middle)	Recipient ID No.
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Recipient Name (Last, First, Middle)	Recipient ID No.	Recipient Name (Last, First, Middle)	Recipient ID No.

SECTION 2 - Policyholder #2

Policyholder #2 Information:

Policyholder Name (Last, First, Middle)	Employer Name				
Social Security Number	Employer City and State				
Insurance Company Name	Group / Policy Number		Certificate / Contract Number		
Service / Coverage Code (BC/BS)	Carrier ID Number			Coverage Type	

Recipient Information:

 Include the policyholder (if applicable) and any other adults and all children covered under **Policyholder #2**.

Recipient Name (Last, First, Middle)	Recipient ID No.	Recipient Name (Last, First, Middle)	Recipient ID No.
Recipient Name (Last, First, Middle)	Recipient ID No.	Recipient Name (Last, First, Middle)	Recipient ID No.
Recipient Name (Last, First, Middle)	Recipient ID No.	Recipient Name (Last, First, Middle)	Recipient ID No.

SECTION 3 - Insurance Cards

- Attach copies (back & front) of any insurance cards for anyone covered under either **Policyholder #1 or #2**.
- Also attach copies (back & front) of insurance cards for any additional coverages (i.e. **vision or dental**) available to those policyholders.